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Injuries in Female Athletes

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Abstract

With the increased number of women participating in competitive sports since the introduction of Title IX, medical professionals are also seeing an increased number of certain injuries in these athletes, especially injuries like ACL tears and stress fractures. Instead of dealing with these injuries only after they happen, coaches and trainers of female athletes are changing the way these athletes are preparing for their sports in an effort to cut down on the number of injuries. Furthermore, available treatment options are expanding to meet the needs of the growing numbers of female athletes who do suffer from these debilitating injuries.

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Injuries in Female Athletes

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Title IX of the Education Amendments of 1972 was a groundbreaking piece of legislation for female athletes in the United States. It prohibited schools receiving federal funding from discriminating against female students, not only in the classroom but in all activities sponsored by the school, including athletics (Padra, 2008, para. 1). In the thirty years after Title IX was passed in 1972, the percentage of girls who played on a high school varsity sports team grew “from 4 percent to 40 percent” (Mees & Smith, 2007, p. 21). In the same time period, the number of female college athletes more than quadrupled—from 32,000 to 150,000. Title IX improved opportunities for female athletes both on and off the playing field, allowing them to receive college scholarships and advance their careers (Mees & Smith, 2007, p. 21). Nevertheless, the path of the female athlete has not been an easy one since then. One major problem faced by these women is the terrifying prospect of injury. With the increased numbers of women participating in sports, the medical profession is seeing an increased number of certain injuries in these athletes, injuries requiring attention both proactively and reactively.

Citation for a source written by two authors.

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One especially common injury among female athletes involves a tear in the anterior cruciate ligament [ACL], a ligament in the knee that connects the femur (thigh bone) to the tibia (shin bone). This type of injury is found in men as well, but not as often as in women; in fact, for every male athlete who injures his ACL, as many as four to six female athletes suffer the same type of injury (“Men and Women,” 2008, p. 7), often with career-ending results (Holloway, Phalen, & Connors, 2007, p. 33). This injury is most likely to affect those women playing sports that involve a great deal of pivoting or jumping (and subsequent landing), such as soccer, basketball, volleyball, or skiing

Citation for an unsigned article appearing in a periodical.

(Berkowitz, 2008, p. 72; “Men and Women,” 2008, p. 6). It can also result from hard physical contact (*The Anterior*, n.d., para. 13). ACL injuries have proven to be more and more common among female athletes in recent years.

Citation for an unsigned, undated web document.

Citation for information found in two sources; place a semicolon between the sources and alphabetize them.

Because of the debilitating effects of this type of injury, the initials “ACL” are the most terrifying three letters to a serious female athlete. An ACL tear causes instability in the knee joint and makes it difficult for the patient to straighten the leg completely. The patient may be able to resume normal everyday activities, but athletes suffering from ACL tears will have difficulty returning to their sports because of severe pain and the tendency of the knee to give out during pivoting or cutting moves. They also risk further knee injury if the problem is not addressed appropriately (Solberg, 2010, para. 2).

The treatment of an ACL tear depends on the patient’s particular situation. Patients who do not wish to continue with intense activity might be able to resume normal everyday activity with mild strengthening exercises and the use of a stabilizing brace (*Surgery*, 2008, para. 18). Athletes who want to continue with the activity, however, will probably require surgery to reconstruct their ACL. In the early days of this type of surgery, the torn ACL was simply sewn back together (*The Anterior*, n.d., para. 5). This method, however, turned out to be unsuccessful, so newer methods involve replacing the damaged tendon with a ligament from another part of the body such as the patella or the hamstring (*Surgery*, 2008, para. 8). Despite advances in treatment of these injuries, though, a better option for a female athlete is to make every effort to prevent injuries to her ACL.

The easiest way to prevent such an injury is to investigate its reasons: why do women suffer from ACL tears so much more often than men do? One major reason—and

one that athletes can really do nothing about—is the difference in physical structure between males and females, especially the angle of the femur as it attaches to the knee.

Since women generally have wider hips than men, their femurs join the bottom part of their legs at a smaller angle, which many researchers believe causes a weakness in the

joint (Holloway et al., 2007, p. 32). Furthermore, researchers at the University of Michigan discovered that male athletes tend to have more muscle around their knees than female athletes do, offering more support and protection to the joint (Micheli, 2007a, p. 117). This change occurs during puberty, according to a column appearing in *Running & FitNews*:

Second citation for a source written by three to five authors. (All successive citations for this source will appear like this.)

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Women simply don't achieve the same neuromuscular spurt in puberty as do men; this is seen by many researchers as a key to the body's adaptation to the growth and development that occurs then—and of particular importance for athletes. This neuromuscular change is defined as an increase in power, strength and coordination to accompany an increase in height and weight. Without such increases, the joints bear more of the stress from ground reaction forces, and the muscles bear less. ("Reducing," 2009, para. 7)

Women also tend to be more flexible than men—a positive aspect in some activities, but as Berkowitz (2008) pointed out, this inherent "joint laxity" is another reason for women's greater tendencies towards knee problems. Although the negative effects of these structural features of the female body can be improved slightly through training, they can never be completely eliminated as causes for ACL tears (p. 72).

Mentioning the author's name within the text of the sentence, followed by the date the source was written, is one way to vary the way you present documented information.

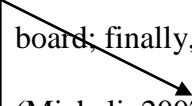
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Obviously, these physiological factors cannot be changed in female athletes, but other factors that contribute to the increased number of ACL tears among female athletes

can be addressed by the athletes and their trainers and coaches. For example, some researchers have studied the different ways in which female athletes and male athletes jump while participating in their sports and have made a connection between this difference and the higher rates of ACL injuries in women (Holloway et al., 2007, p. 34). Some training in the proper way to jump and land can help female athletes avoid such injuries. One six-week training program teaches athletes “plyometric” jumping skills, where they are trained to “land quietly with a toe to heel rock and bent knees” (*Injury*, 2010, para. 5). The athletes are also taught to recoil rapidly from the landing and set up for the next jump. These jumping techniques are easier on the knees, and the training helps to strengthen the hamstring muscle, leading to a significant decrease of ACL injuries among these athletes (*Injury*, 2010, para. 5). This type of preparation is a much better alternative to major surgery and rehabilitation after an injury.

Another strategy that may help to prevent ACL tears is balance training. During balance training, the athlete progresses through several exercises. First, she balances on one leg with her eyes closed; next she balances on an unstable surface, such as a balance board; finally, she progresses to balancing on the unstable surface with her eyes closed (Micheli, 2007b, p. 153). These exercises help to strengthen and stabilize the joint, making it less susceptible to injury. Some researchers believe that balance training also teaches athletes to avoid “potentially injurious movements” (Padra, 2008, para. 9), thereby avoiding situations that could lead to an ACL tear. Although some later studies have indicated that balance training may not significantly prevent injuries (Micheli, 2007b, p. 202), improved balance can certainly benefit a serious athlete.

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Incorporating certain weight training exercises can also benefit a female athlete and help with injury prevention. A study conducted by the Centers for Disease Control and Prevention tested the efficacy of a program developed by the Santa Monica Orthopedic and Sports Medicine Research Foundation called the Prevent Injury and Enhance Performance (PEP) program (Centers for Disease Control and Prevention [CDC], 2008, para. 4). By challenging the established training regimen, the PEP program was attempting to reconcile good mechanics with safe athletics. “While many teams may conduct various warm up and stretching exercises, the PEP program focuses on improving biomechanical techniques in jumping, stopping and turning to reduce ACL injuries” (CDC, 2008, para. 8).

Citation for the first appearance of a corporate or institutional author. Note the abbreviation in brackets which allows for quicker referencing on subsequent entries.

Citation for second of corporate or institutional authors including the abbreviation

PAPER CONTINUES FROM HERE . . .

References

The anterior cruciate ligament. (n.d.). Retrieved from [http://www.jointhealing.com](http://www.jointhealing.com/pages/knee/acl1.html)
/pages/knee/acl1.html

Web document,
no author, no date

Berkowitz, J. (2008, November). Learn to land. *Skiing*, 54(3), 72. doi:10.1037/0278-
6133.24.2.225

Magazine article
found on a database

Centers for Disease Control and Prevention. (2008, July 25). *Alternative warm-up
program reduces risk of ACL injuries for female college soccer players.* Retrieved
from <http://www.cdc.gov/media/pressrel/2008/r080725.htm>

Web-article written
by a corporate or
institutional author

Holloway, M., Phalen, J., & Connors, K. (2007, September). The female hurt. *Scientific
American*, 283(3), 32-37.

Magazine article found in a
hard copy of the magazine

Injury prevention. (2010). Retrieved from http://www.njgsca.org/acl_injury.php

Web document, no
author

Mees, P. D., & Smith, J. (2007, April). The ripple effect of Title IX on women's health
issues. *Physician & Sportsmedicine*, 31(4), 21. doi:10.1007/s00167-009-0786-0

Journal
article found
on a database

Men and women are built differently. (2008, February). *USA Today Magazine*,
130(2681), 6. doi:10.1037/a0016248

Magazine article
found on a database,
no author

Micheli, L. J. (2007a). *The sports medicine bible for young athletes.* Naperville, IL:
Sourcebooks.

Book; also, first of two sources with same
author and same publication year

Micheli, L. J. (2007b). *Sportswise: An essential guide for young athletes, parents, and
coaches.* New York: Houghton Mifflin.

Book; also, second of two sources with same
author and same publication year

Padra, D. (2008, October 1). *Anterior cruciate ligament (ACL) injury prevention.*
Retrieved from <http://www.theacc.com/genrel/100104aad.html>

Web document
with an author

Reducing ACL injury in women. (2009, January/February). *Running & FitNews*, 23(1),
5. Retrieved from LexisNexis Academic database.

Magazine article found on a
database, no author, no DOI

Solberg, B. D. (2010). *ACL injuries*. Retrieved from http://www.womenstri-fitness.com/art_acl.html

Web document with an author

Surgery for ACL tears. (2008, July). Retrieved from

Web document, no author

http://www.ehealthmd.com/library/acltears/ACL_surgery.html

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- In the finished paper, you should include at least one citation for each of the entries listed on the reference page.
- Entries are always **alphabetized** (by the first word in the entry) and are never numbered.
- **Sentence style capitalization** is needed for article, web document, and book titles, **but periodical titles** are capitalized following tradition rules of capitalization (i.e., capitalize all major words in the title)
- Volume number is **italicized**, and no space appears between it and the open parentheses for issue number.
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- The date **always appears second**, whether an author is listed or not.

The parenthetical citations for the sources listed in this reference page read as follows:

(*The Anterior*, n.d., para. -)

(Berkowitz, 2008, p. -)

first time: (Centers for Disease Control and Prevention [CDC], 2008, para. -); successive references: (CDC, 2008, para. -)

first time: (Holloway, Phalen, & Connors, 2007, p. -); successive references: (Holloway et al., 2007, p. -)

(*Injury*, 2010, para. -)

(Mees & Smith, 2007, p. -)

("Men and Women," 2008, p. -)

(Micheli, 2007a, p. -)

(Micheli, 2007b, p. -)

(Padra, 2008, para. -)

("Reducing," 2009, para. -)

(Solberg, 2010, para. -)

(*Surgery*, 2008, para. -)

Notice that the citation is made up of three parts:

If an author is listed, the author's last name appears first in the citation. If not, use the first word or two of the title. If the first word is a **web document title**, it should be **italicized**, just as it is in the reference list entry. If the first word is the shortened version of an **article title**, it should be enclosed in **quotation marks** in the citation—even though it does not take quotation marks in the reference list entry.

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